

**Study Abroad Service Learning Program  
Student Application Packet**

**APPLICATION DEADLINES**

- **November 22, 2019 —Belize Winter Term 2020**
- **March 2, 2020—Oaxaca Mexico Spring Term 2020**

**WHAT HAPPENS NEXT...**

After all applications are received and reviewed, acceptance notifications will be sent via email to each applicant's Chemeketa email address. To reserve your spot in the program you must pay the non-refundable \$350 deposit by the deadline listed below. Deposit information will be provided with your acceptance notification. Registration will occur during the mandatory orientation.

<b>Program</b>	<b>Deposit Due</b>	<b>Mandatory Orientation &amp; Class Registration</b>	<b>Travel Dates</b>
Belize Winter Term 2020	December 9, 2019	December 13, 2019 3-4:30pm, location TBD	March 19 – 29, 2020
Oaxaca Mexico Spring Term 2020	March 9, 2020	March 13, 2020 4-6pm, location TBD	June 11 – 21, 2020

**- Keep this page for your reference -**

## Study Abroad Service Learning Program – Student Application Instructions

### QUALIFICATIONS & RESTRICTIONS

- **Admission to Chemeketa**  
If you are not a current Chemeketa student you must [apply for Admission to Chemeketa](#) and receive a K# before applying to this program.
- **Age Restriction**  
Students must be 16 years or older to participate in any study abroad program. If you are between 16 and 18 years old you must complete the Underage Admissions Application process before applying to the study abroad program. A parent or guardian must also apply to the program and accompany you on the trip. Please contact High School Partnerships at 503.399.5293 to begin the Under Age Admissions Application process.
- **GPA Restriction**  
Students must have a minimum 2.75 GPA to be considered for the study abroad program.
- **Passport**  
A valid passport is required for this trip. If you do not currently have a passport, [apply NOW](#) and attach a copy of the order receipt to this application. Passports take between 4-6 weeks.

### APPLICATION MATERIALS

Your application packet will not be reviewed until we receive **all** of the following materials:

- Study Abroad Service Learning Program – Student Application – Page 1**
- Personal Essay – Page 2**
- International / Out-of-State Liability Waiver – Page 3**
- Medical History / Emergency Contact Information – Page 4**
- Accommodation Request Information – Page 5**
- Release and Participant Conduct Agreement – Page 6**
- Copy of Passport**  
*Attach a copy of your passport. If you do not have a passport, apply and attach a copy of the order receipt.*
- Reference Letter**  
*Application must include a reference letter from one of the references listed on your application.*
- Unofficial Transcripts (if applicable).**  
*Please include a copy of your unofficial transcript. Not required if you auditing the course.*
- [Underage Admissions Application](#) (if applicable).**  
*Please include a copy of your completed and approved Under Age Admissions Application materials.*

### Mail, fax or email your signed application by the due date to:

Chemeketa Community College – International Programs  
4000 Lancaster Dr. NE, P.O. Box 14007  
Salem, Oregon 97309  
Fax: 503.365.4768  
Email: [international@chemeketa.edu](mailto:international@chemeketa.edu)

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Chemeketa Community College is an equal opportunity/affirmative action employer and educational institution. To request this publication in an alternative format, please call 503.399.5192. For a disability related accommodation, please contact Disability Services at least two weeks prior to this event at 503.399.5192 (TTY/voice) or [disability@chemeketa.edu](mailto:disability@chemeketa.edu)

**Study Abroad Service Learning Program – Student Application**

**Program Applying For:** \_\_\_\_\_ **Trip Dates:** \_\_\_\_\_

**Applicant Information**

**Family Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_

*Please fill out the information as it appears on your driver's license of passport.*

**Preferred Name:** \_\_\_\_\_ **K#:** \_\_\_\_\_ **Date of Birth:** \_\_\_ / \_\_\_ / \_\_\_\_\_

*If you are between 16 and 18 years old the [Under Age Admissions Application process](#) must be completed before applying to the Study Abroad Program.*

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State/Zip:** \_\_\_\_\_ / \_\_\_\_\_

**Home/Mobile Phone:** \_\_\_\_\_ **Chemeketa Email:** \_\_\_\_\_

**Personal Email:** \_\_\_\_\_

**Current School Information** (*high school or college, whichever applies*)

**School Name:** \_\_\_\_\_ **Current School GPA:** \_\_\_\_\_

**Expected Graduation Year:** \_\_\_\_\_ *Minimum 2.75 GPA*

**Do you have a valid passport?**  No  Yes

*If so, please attach a copy. If not [apply NOW](#) and attach a copy of the receipt*

**Have you applied for financial aid?**  No  Yes **If yes, when?** \_\_\_\_\_

**Are you receiving any tuition assistance?**  No  Yes

**If yes, what?**  Financial Aid  Scholarship  Tuition Waiver  Other: \_\_\_\_\_

**Do you speak any language(s) other than English?**  No  Yes **If yes, please list what language and proficiency (beginner, intermediate, advanced):** \_\_\_\_\_

**References**

*List two people familiar with your character. Submit a reference letter from one of your references.*

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Agreement and Signature**

May we release your name and Chemeketa email address to the other students in the Study Abroad program?

No  Yes

By submitting this application, I affirm that the facts set forth in it are true and complete. I authorize full investigation of those statements. I understand that if I am accepted as a Study Abroad participant, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal from the program.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**International / Out-of-State Liability Waiver**

*Individuals who wish to participate in Chemeketa Community College International / out-of-state travel programs must read and sign this statement which acknowledges their understanding of the liability issues surrounding travel.*

- Participant agrees to indemnify and release Chemeketa Community College, Board of Education, officers, its employees, and volunteers against any loss or expense including attorney fees resulting from bodily injury, property damage, or personal injury arising out of any and all activities involved in travel. This hold harmless and indemnification does not apply to gross negligence on the part of Chemeketa Community College, Board of Education, officers, its employees, and volunteers.
- Each participant will agree to purchase and/or maintain medical insurance covering accidental injury, medical evacuation, dismemberment and/or death. Insurance should be provided on a worldwide basis.
- It is understood that Chemeketa community College is not responsible for lost or stolen personal property, airline delays, expenses, transfers, or hotel accommodations resulting in such delays.
- Participation in this event is subject to the policies and procedures approved by the Chemeketa Community College Board of Education.

Chemeketa cannot guarantee safety or eliminate all risks; monitor the choices of all individuals; prevent all illegal acts; assure that American justice standards will be followed overseas; assume responsibility for acts and actions outside program control.

**Participant Information**

**Name:** *(please print)* \_\_\_\_\_

**Program:** \_\_\_\_\_ **Sponsoring Department:** \_\_\_\_\_

**Instructor/Trip Leaders:** \_\_\_\_\_

**Destination:** \_\_\_\_\_ **Date of Departure:** \_\_\_\_\_ **Date of Return:** \_\_\_\_\_

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Team leader: return completed form to the Risk Management Office, 2/215**

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**Medical History / Emergency Contact Information**

*I understand that this information is voluntarily given and is correct to the best of my knowledge. I also understand that it will only be used for first aid/medical procedures deemed necessary to protect my health.*

**Full Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State/Zip:** \_\_\_\_\_ / \_\_\_\_\_  
**Phone Day:** \_\_\_\_\_ **Evening:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ **Blood Type:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Sex:**  M  F  
**Primary Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Insurance Company:** \_\_\_\_\_ **Plan:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

**Emergency Contact Information – please list who should be contacted in case of an emergency**

**Primary Contact Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State/Zip:** \_\_\_\_\_ / \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Secondary Contact Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State/Zip:** \_\_\_\_\_ / \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

**Health Information**

**Allergies (medications, foods, other substances):**

**Dietary restrictions or requirements:**

**Current medications, vitamins or other supplements:**

**Other physical considerations and/or medical illnesses:**

**Accommodation Request Information**

**Name:** \_\_\_\_\_ **K#:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State/Zip:** \_\_\_\_\_ / \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Chemeketa Email:** \_\_\_\_\_

Chemeketa Community College is committed to providing access to all college sponsored programs and events and does so in accordance with the Rehabilitation Act of 1973 and the Americans with Disabilities Act as Amended (ADAAA) of 2008. To meet the requirements and guidelines as outlined in these acts, Chemeketa provides a Disability Services office to determine reasonable and appropriate accommodations for students with documented disabilities.

If you would like to request an accommodation(s) please go to:  
<https://denali.accessiblelearning.com/Chemeketa/ApplicationStudent.aspx>

Please include the name, location, and dates of the overseas trip. You will be contacted by Disability Services to schedule an appointment. Documentation of disability must be presented at the time of your appointment. Requests for accommodations may take several weeks to review and implement and you are advised to make the request early in your planning process.

If you need assistance in completing the application form contact Disability Services at 503.399.5192 or visit the Salem campus Building 2 room 174.

I have read and understand how to request an accommodation.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Release and Participant Conduct Agreement

*Please read and initial by each of the following statements. If you do not initial by each statement you will not be considered for the program. Your initials indicate that you acknowledge, clearly understand and agree to abide by the rules and guidelines set by Chemeketa Community College, the Office of International Programs and the Trip Leader. Chemeketa policies, procedures and guidelines have been established to ensure a secure and respectful academic experience abroad. Failure to follow Chemeketa's policies, procedures and guidelines stated on this form, in the application or published by Chemeketa or your Trip Leader can result in immediate dismissal from the program at your own expense and without refund.*

### \_\_\_\_\_ STANDARDS OF CONDUCT

I understand that each country has its own laws and standards of acceptable conduct, including dress, manners, morals, politics, drug use and behavior. I recognize that behavior violating those laws or standards could harm Chemeketa's relations with those countries and the institutions therein, as well as my own health and safety. I will become informed of, and will abide by all such laws and standards of each country to or through which I will travel during the program. I will comply with all rules and regulations issued by Chemeketa, course instructors or any coordinating institution. It is within the course instructor's discretion to determine that my violation of such rules and regulations warrants my termination from the program. In the event, I may be sent home at my own expense. I agree that Chemeketa has the right to enforce its rules and regulations, including its student conduct, in its sole judgment, and that it will impose sanctions, up to including expulsion from the program, for violating these rules and regulations or for any behavior detrimental to or incompatible with the interests, harmony and welfare of Chemeketa, the program or other participants. I recognize that due to circumstances of Study Abroad, procedures for notice, hearing and appeal applicable to the student disciplinary proceedings at Chemeketa do not apply. However, I will receive a notice of my violation and an opportunity to provide an explanation to an appropriate official. If I am expelled, I consent to being sent home at my own expense with no refund of fees. I also agree that:

1. I will not buy, sell or use drugs at any time;
2. I will not engage in abusive use of alcohol;
3. I will participate in all classes and scheduled activities unless ill; and
4. I will abide by dress and cultural codes suitable in the countries visited.

### \_\_\_\_\_ ENGAGEMENT

While abroad, I am expected to be fully engaged in all class meetings and activities. I must engage in class discussions and projects organized by my Trip Leader and other representatives. Visiting internet cafes to research items will not substitute for taking an active role in class. I must keep my Trip Leader informed of any plans of all independent travel outside of the itinerary.

### \_\_\_\_\_ INDEPENDENT ACTIVITY

When participating in Chemeketa sponsored program, I understand that Chemeketa, course instructors or travel coordinators have oversight for me even when I am not participating in supervised group activities. I understand I may have the opportunity to leave the group periodically, subject to the course instructor's requirements for participating in and attendance at classes and other activities, which are a required part of the overall program. During all times that I deviate from the program itinerary or group activities, I will be responsible for my own safety and agree not to hold Chemeketa Community College liable for any injuries to my person, including death, or property or any other losses resulting from independent travel on my part before, during or after the program.



## Study Abroad - Service Learning Program

International Programs – Chemeketa Community College  
4000 Lancaster Dr. NE, P.O. Box 14007, Salem, Oregon 97309



### \_\_\_\_\_ TRAVEL DOCUMENTS (PASSPORTS)

I understand I MUST have a passport to participate in a study abroad program and that for certain programs a visa may be required in order to participate. I understand that if I do not provide my passport to the Office of International Programs at the time in which it is requested, I may not participate in the program and will not receive a refund of any program payments made.

### \_\_\_\_\_ EMAIL ADDRESS

I understand that all communications regarding the study abroad program will be sent to my Chemeketa email address.

### \_\_\_\_\_ PERSONAL PROPERTY

I am solely responsible for my personal belongings and cannot hold other participants or Trip Leaders responsible for damage to or loss of my property.

### \_\_\_\_\_ PROGRAM CHARGES

I am responsible for any and all required payments and charges applicable to the program. I understand the program's cancellation policies and fees and agree to abide by them.

### \_\_\_\_\_ PROGRAM CHANGES

Chemeketa may, in its sole discretion, determine that circumstances within a country may require the cancellation of the program within that country. Chemeketa will provide me with as much advance notice as possible of its intention to cancel the program in which I will participate. I also understand that Chemeketa, the on-site coordinators or foreign government may prematurely terminate the program. I understand that Chemeketa's fees and program charges are based on current airfares, lodging rates and travel costs, which are subject to change. If I leave or am expelled from the program for any reason, there will be no refund of fees already paid. I accept all responsibility for loss or additional expense due to delays or other changes in the means of transportation, services, sicknesses, weather, strikes, or unforeseen causes. If I become sick or injured I will, at my own expense, obtain medical care and medical evacuation, if required.

### \_\_\_\_\_ HEALTH AND SAFETY

There are no health-related reasons or problems, which preclude or restrict my participation in this program, with or without accommodations. I am aware of all applicable personal medical needs. I have arranged, through insurance or otherwise, to meet any and all needs of payment of medical costs while I participate in the program. I recognize that Chemeketa is not obligated to attend any of my medical or medication needs, and I assume all risk and responsibility therefore. If I require medical treatment or hospital care in a foreign country or in the United States during the program, Chemeketa is not responsible for the cost or quality of such treatment or care or medical evacuation from any location.

### \_\_\_\_\_ RISKS OF EDUCATION ABROAD

I understand that participation in the program could involve risks not found in study at the college. These risks include: traveling to and within, and returning from, one or more Study Abroad countries, political, legal, social and economic conditions; different standards of design, safety and maintenance of buildings, public places and conveyances; different standards of living, and limitations on the availability of police protection. I accept the risk associated with airline changes, flight cancellations and agree to carefully review the policies and guidelines published by my transportation providers.



\_\_\_\_\_ TRAVEL ARRANGEMENTS

I understand the Office of International Programs arranges group travel arrangements. If I choose to deviate from my return flight schedule: I will be responsible for all arrangements and will be required to pay any change fees directly to the airline and/or service provider. I will not leave my program prior to the published end date. I will keep my Trip Leader informed of any intended flight deviations. If I leave the program prior to its completion for any reason, I understand the University has no responsibility to provide or arrange transportation.

\_\_\_\_\_ PERMISSION FOR REPRODUCTION

I hereby grant to Chemeketa Community College (hereinafter Chemeketa), its legal representatives and assigns, the right and permission to copyright, use, reuse, broadcast, publish, store, manipulate, and retrieve any video, audio, photographic, or electronic reproductions of me, in conjunction with only my first name. Additionally, I understand that my image, along with my identity, is used by Chemeketa in any advertising campaign, or other use, may result in unwanted attention by third parties or notoriety. I furthermore waive my right to inspect or approve the finished reproduction or to lay claim to any benefits derived therefrom. I certify that I am of legal age to enter into a contractual agreement and that I have read and understand the foregoing before affixing my signature below.

**Printed Name:** \_\_\_\_\_ **K#:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_